ι	
	T

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW	NH.	617 40/05	(0-11-00)	

INDEX OF CLAIMS

	Rejected	N	Non-elected
=	(Through annual Allowed	1	Interference
÷	(Through numeral) Canceled	A	Арреа!
•	nesurcied	0	Ohiected

Cain			1		•		Teo .
Claim	Dat	·	Claim	Da	ite	Claim	Date
Final Original	1 3 5		Final Original			g l	
(E .H. 17.	.// 21\//	╾╃╼╃╼╂╼┼	51			Final	
53	7		52		++++	101	
53	D = 1	++++	53	╼╂╼╂╼	-+-+-1	102	
4	011		54	╼┼╾┼╼┤	╾╂╼╁╼╁	103	
2 5 7 6] 		55			104	
8 7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+	56			106	╅┩╍┠┩ ┩
9 8 6	╎╏ ┋┼	╼╀╾╂╼╂╼╂	57				╸ ┼╶╂╌╂╌╂╌╏╌╏
10(9)	71117-1-1	╂┼┼┼	58	+		108	┪╸ ┼╸┼╶┼╶┼ ╸╏╸╏
3 10	 	┩╸╏╶╏╶╏	59	+++		109	┪╸╎╸╎╸┩╸╏╸╏╸╏
414		╅	60	╅		110	+
12		1111	62	╁╁┼┼		111	
13	1/		63	╅╂┼┼		112	
14	4-1-1-1		64	╅╂┼	╌╂╌╂╼╎╼╏╌	113	++-+-
15	┞╶┩╼┠ ╾┠╌╂╾	1111	65		╅╅┼	115	╏╸╏╸╏ ╌╏╌╏╌╏
17	┞┤╶┨ ╶┨	╁╂╁┧	66		111	116	┞╏╏╏╏
18	╏╸╿╺╏╸╏ ╺	╂╂╂╂┩	67			117	┞╸┞╶┠ ╌╂ ╸┠
19	╿╸╿╸╿╸╏╸	╂╾╂╌╂╼┦	69	1-1-1		118	╿╌┞╌┞╌╏╌╏╸╏
20	┞╶┞ ╌╂╌╂╌	┞╶┩╌┠╸ ┟┈┥	70	 		119	╿╸╿╶┦╶┦ ╾ ╏╸╏╸
21	┞╶╏╸╏ ╌╏╼	┞╌╏╌╏ ╶┨	71	╂╾╂╼╂═╁╌	 	120	
22		 - - - 	72	╂╌╂╌╂╌	╁┼┼┼	121	
23			73	├─┤ ─┤	╂╌╁╌╉╌	122	
24			74	 	╂╼╂╼╁╼	123	
25			75		╂┼┼┼┼	125	┝╃┩╃╇╇╇
27		┝┼┼┼	76		 	126	┍┦╶╂╸╂╺╏╺╏╺╏
28	╼┼╼╂╼╂╼	╶ ╁╌╁╌┨	77			127	╒┩═╂╸╂╺┫ ╌╂ ╸ ╂┈╂┈
29	· ╂╾╂╌┨	╌┩╌╏╌╏ ╶┆	78 79			128	╶┞╍┞╍┞╸┞╶╂╶╂ ╼╂╸┦
30		╶╎╸╎╸ ┤╸╽	80		+	129	-
31			81		╂═┼═┼┈┤┈┤	130	
32			82	- - -	┝┤╌┼╌┤	131	
33			83	+++	├─┼╼╃╼ ┼╾┥	132	
35	╌╂╌╂╌╏╌╏	+++	84		- - - 	134	╼╂╼╂╾╂╾╀╌╀╌┦
36	╅╃╃	╌┼┼┼┤	85			135	╺╂╍┞╌╂╼╏ ╌╏
37	-}-}-}	╅╂╂┦╏	86	444		136	╅┪╅ ┼┼┤
38	 	╅╅┪	88		-1	137	
39		╅╃┪	89	╅		138	
40		 	90	╼╂╼╂╼╂		139	
41		7-1-1-1	91	╅		140	
42			92	╅	╼┼╌┼╌┤	141	
43	++-		93	╅╅┪		142	++++
44	+		94	 		144	++++
46	┼╌┞═╂ ═╂╼╂	+++	95	IIII	 	145	╂╂╂╃ ┼┼┼┤
47	┼╍╂╼╂╼╂ ╌	╅╇╃┩┞	96	\Box		146	╀╾╂╾╂╼╂╌╎╌╏ ╌┦
48	┞╌╏╌┩╌╏╌	╁╾╂╌┦╴├╸	97	1-1-1		147	*****
49	 	┿┾┼╢┞	98	+	+	148	
50		╁╂┼┤┝╸	100	┼┼┼	╅┼┤┥	149	
						150	

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

Best Available Copy